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04772 U.S. PTO

PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No.	3334.3
First Inventor	Carsten Rosenow
Title	Methods and Computer Software Products for Identifying Transcribed Regions of a Genome
Express Mail Label No.	EV 187573719 US

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i> <ul style="list-style-type: none"> 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 41] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 13] 5. Oath or Declaration [Total Sheets 1] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450 ACCOMPANYING APPLICATIONS PARTS <ul style="list-style-type: none"> 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>) 8. Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney 11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (<i>Should be specifically itemized</i>) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (<i>if foreign priority is claimed</i>) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: <u>Certificate of Limtd. Recog. [37 CFR 10.9(b)]</u>
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP)

of prior application No: 09/641,081

Prior application information:

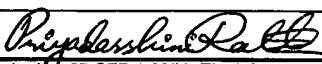
Examiner: Shubo Zhou

Art Unit: 1631

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number	22886	OR <input type="checkbox"/> Correspondence address below
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax

Name (Print/Type)	Priyadarshini Rath	Registration No. (Attorney/Agent)	Limtd. Recog. 37 CFR 10.9(b)
Signature			Date

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

770

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Complete if Known	
Application Number	Unknown
Filing Date	March 31, 2004
First Named Inventor	Carsten Rosenow
Examiner Name	Unknown
Art Unit	Unknown
Attorney Docket No.	3334.3

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)				
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account					3. ADDITIONAL FEES				
Deposit Account Number 01-0431					Large Entity	Small Entity			
Deposit Account Name Aftymetrix, Inc.									
The Director is authorized to: (check all that apply)									
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.									
FEE CALCULATION									
1. BASIC FILING FEE									
Large Entity		Small Entity		Fee Description		Fee Paid			
Fee Code	Fee (\$)	Fee Code	Fee (\$)						
1001	770	2001	385	Utility filing fee		770			
1002	340	2002	170	Design filing fee					
1003	530	2003	265	Plant filing fee					
1004	770	2004	385	Reissue filing fee					
1005	160	2005	80	Provisional filing fee					
SUBTOTAL (1)					(\$ 770)				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE									
Total Claims	14	-20 **	=	0	X 18	= 0			
Independent Claims	2	-3 **	=	0	X 86	= 0			
Multiple Dependent					X	= 0			
Large Entity		Small Entity		Fee Description		Fee Paid			
Fee Code	Fee (\$)	Fee Code	Fee (\$)						
1202	18	2202	9	Claims in excess of 20					
1201	86	2201	43	Independent claims in excess of 3					
1203	290	2203	145	Multiple dependent claim, if not paid					
1204	86	2204	43	** Reissue independent claims over original patent					
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent					
SUBTOTAL (2)					(\$ 0)				
Other fee (specify) _____									
*Reduced by Basic Filing Fee Paid									
					SUBTOTAL (3) (\$ 0)				

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Priyadarshini Rath	Registration No. (Attorney/Agent)	Limited Recog. (37 CFR 10.9(b))	Telephone	408-731-5000
Signature			Date	03/31/2004	

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